

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17070**  
Registrar's No. **2019**

FILED JUN 7 1943  
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Luke's Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community all her life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Clara Murray  
(b) If veteran, name war no.  
(c) Social Security No. none

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Everett B. Murray  
(c) Age of husband or wife if alive Unknown  
7. Birth date of deceased February 1st 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 28  
If less than one day .hr. 0 min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Watt Webb  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Wiley  
15. Birthplace N. E. England  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett B. Murray  
(b) Address 1232 Stratford, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-2-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1232 Stratford Road  
(e) Citizen of foreign country? X  
If yes, name country X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 29  
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1942 to April 29 1943  
that I last saw her alive on April 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to Hepatitis

Due to Diagnosis of Kistney  
Other conditions 131a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 131a

Of autopsy 131a  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
Signature H. P. Bingham (M. D. or other)  
Address R. E. M. B. Date signed 5/29/43

Dr. H. P. Boughnow

*111448 Reorgan Body  
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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K. C. Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**